

**Catawba County Emergency Medical Services
Health Insurance Portability and Accountability Act Policy and Procedure**

Patient Request for Restriction Form

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Patient Rights: As a patient, you have the right to access, copy or inspect your PHI, request an amendment to your PHI, request an account of the uses and disclosures of PHI for the last six (6) years prior to the date of the request but no earlier than July 2003 from Catawba County EMS, and to request restrictions to the uses and disclosures of your PHI. Catawba County EMS is not required to agree to any restrictions requested by the patient, however any restrictions agreed to by Catawba County EMS are binding on Catawba County EMS.

Please indicate your request for restricted uses and disclosures of your PHI.

Signature _____

Date _____